

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

DOCUMENT # **L59603**

(5)

95 JAN 17 PM 12: 06

1. Corporation Name  
**HIALEAH LAKES TAXI CORPORATION**

Principal Place of Business Mailing Address  
**1160 WEST 40TH PLACE** **1160 WEST 40TH PLACE**  
**HIALEAH FL 33012** **HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/15/1990** 3a. Date of Last Report **03/08/1994**

4. FEI Number **65-0200608** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
31. State, Apt. #, etc. 26. State, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 25. Country 28. Zip 30. Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**AGUILERA, LILLIAM R.**  
**8631 SW 84TH COURT**  
**MIAMI FL 33143**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVT</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ULLOA, REINALDO</b>	1. NAME	
STREET ADDRESS	<b>1160 WEST 40TH PLACE</b>	1. STREET ADDRESS	
CITY, ST, ZIP	<b>HIALEAH FL</b>	1. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>V</b>	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, LEONOR</b>	2. NAME	
STREET ADDRESS	<b>1160 WEST 40TH PLACE</b>	2. STREET ADDRESS	
CITY, ST, ZIP	<b>HIALEAH FL</b>	2. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b>	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ULLOA, REINALDO</b>	3. NAME	
STREET ADDRESS	<b>1160 WEST 40TH PLACE</b>	3. STREET ADDRESS	
CITY, ST, ZIP	<b>HIALEAH FL</b>	3. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Tax Year 1993/1994 Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the officer or transfer agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed from a previous filing with an address.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/95